

FILED MAR 20 1942

Registration District No. _____

Primary Registration District No. 3036

Registrar's No. 264

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 4 Wks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MRS HATTIE MADES

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry J. Mades 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 22 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 1- If less than one day _____ hr. _____ min.

9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Louis Wacker

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma Koch

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Kolling

(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof Feb 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamburg E. Cemetery Hamburg Mo

18. (a) Signature of funeral director Hedmann-Ball

(b) Address 326 North St - St Charles, Mo.

19. (a) 2-25-42 (b) Clarence G. Wessler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 998 Collier
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1942 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from _____, 1936, to Feb 23, 1942
that I last saw her alive on Feb 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia,
nitrogen retention, hypertic
Due to _____
arterial obstruction
Due to _____
Carcinoma uterus

Duration
4 days

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Vincent G. Schurder (M. D. or other) MD
Address St Charles, Mo Date signed 2/24/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arthur C. Bass

Licensed Embalmer No.....

3155

P. O. Address.....

St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.